

MDS 3.0 Training Payment Items and Documentation Requirements

Case Mix Team
February 2021
Mini-Series #2



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MDS 3.0 Training Payment Items and Documentation

Session #2 Agenda: Payment Items and Documentation

- Welcome and overview
- Questions from Session #1
- Section H
- Section I
- Section J
- Section O
- Questions

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Section H Bladder and Bowel

Intent: The intent of the items in this section is to gather information on the use of bowel and bladder appliances, the use of and response to urinary toileting programs, urinary and bowel continence, bowel training programs, and bowel patterns.

H0200C and H0500 are part of the Restorative Nursing Program and will be reviewed with Section O

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Section I Active Diagnoses

Intent: The items in this section are intended to code diseases that have a *direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death*. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status.

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DIAGNOSES (Case Mix Items)

- I1300** – Ulcerative Colitis, Crohn’s Disease or Inflammatory Bowel (**PDPM only**)
- I1700** – Multidrug-Resistant Organism (MDRO) (**PDPM only**)
- I2000** – Pneumonia
- I2100** – Septicemia
- I2500** – Wound Infection (**PDPM only**)
- I2900** - Diabetes (If N0300 = 7 and O0700 = 2 or more)
- I4300** - Aphasia (and a feeding tube)
- I4400** - Cerebral palsy
- I4500** –CVA, TIA, or stroke (**PDPM only**)
- I4900** - Hemiplegia/hemiparesis
- I5100** - Quadriplegia
- I5200** - Multiple Sclerosis
- I5300** – Parkinson’s Disease (**PDPM only**)
- I5500** - Traumatic brain injury (Maine only, **RUG III**)
- I6200** - Asthma, COPD, or Chronic Lung Disease (**PDPM only**)
- I6300** – Respiratory Failure (**PDPM only**)

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Section I Active Diagnoses

1. Identify diagnoses in the last **60 days**
 - Must be **physician-documented**
2. Determine status of diagnosis
 - **7-day** look-back period,
 - Active diagnoses have a **direct relationship** to the resident’s functional, cognitive, mood or behavior status, medical treatments or nursing monitoring or risk of death
 - Only active diagnoses should be coded

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Section J

Intent: The intent of the items in this section is to document a number of health conditions that impact the resident's functional status and quality of life. The items include an assessment of pain which uses an interview with the resident or staff if the resident is unable to participate. The pain items assess the presence of pain, pain frequency, effect on function, intensity, management and control. Other items in the section assess dyspnea, tobacco use, prognosis, problem conditions, and falls.

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Section J Problem Conditions

J1550:

- A. Fever**
- B. Vomiting**
- C. Dehydrated (RUG III only)**
- D. Internal Bleeding (RUG III only)**
- Z. None of the above**

Seven (7) day look-back period

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Section O Special Treatments, Procedures and Programs

Intent: The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received during the specified time periods.

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O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	RUG III <input type="checkbox"/>	PDPM <input type="checkbox"/>
B. Radiation	RUG III <input type="checkbox"/>	PDPM <input type="checkbox"/>
Respiratory Treatments		
C. Oxygen therapy	RUG III <input type="checkbox"/>	PDPM <input type="checkbox"/>
D. Suctioning	RUG III <input type="checkbox"/>	PDPM <input type="checkbox"/>
E. Tracheostomy care	RUG III <input type="checkbox"/>	PDPM <input type="checkbox"/>
F. Invasive Mechanical Ventilator (ventilator or respirator)	RUG III <input type="checkbox"/>	PDPM <input type="checkbox"/>
G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>
Other		
H. IV medications	RUG III <input type="checkbox"/>	PDPM <input type="checkbox"/>
I. Transfusions	RUG III <input type="checkbox"/>	PDPM <input type="checkbox"/>
J. Dialysis	RUG III <input type="checkbox"/>	PDPM <input type="checkbox"/>
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	PDPM <input type="checkbox"/>
None of the Above		
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

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O0100A, Chemotherapy

Medications coded here are those actually used for cancer treatment. Hormonal and other agents administered to prevent the recurrence or slow the growth of cancer should not be coded in this item, as they are not considered chemotherapy for the purpose of coding the MDS.

Example: Ms. J was diagnosed with estrogen receptor–positive breast cancer and was treated with chemotherapy and radiation. After her cancer treatment, Ms. J was prescribed **tamoxifen** (a selective estrogen receptor modulator) to decrease the risk of recurrence and/or decrease the growth rate of cancer cells. Since the hormonal agent is being administered to decrease the risk of cancer recurrence, it cannot be coded as chemotherapy.

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O0100F, Invasive Mechanical Ventilator (ventilator or respirator)

Code any type of electrically or pneumatically powered closed-system mechanical ventilator support device that ensures adequate ventilation in the resident who is or who may become (such as during weaning attempts) **unable to support his or her own respiration in this item.**

During invasive mechanical ventilation the resident's breathing is controlled by the ventilator. Residents receiving closed-system ventilation include those residents receiving *ventilation via an endotracheal tube (e.g., nasally or orally intubated) or tracheostomy*. A resident who has been weaned off of a respirator or ventilator in the last 14 days, or is currently being weaned off a respirator or ventilator, should also be coded here. Do not code this item when the ventilator or respirator is used only as a substitute for BiPAP or CPAP.

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Section O: Special Treatments, Procedures, and Programs

O0400A. Speech-Language Pathology and Audiology Services

O0400B. Occupational Therapy

O0400C. Physical Therapy

Individual minutes

Concurrent minutes

Group minutes

Co-treatment minutes

Number of Days

Therapy Start date

Therapy End date

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Section O: Special Treatments, Procedures, and Programs

O0400D Respiratory Therapy

Total minutes

Days therapy was administered at least 15 minutes

O0400E Psychological Therapy

O0400F Recreational Therapy

O0420 Distinct Days of Therapy

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Section O: Restorative Nursing Programs

O0500. Restorative Nursing Programs	
Record the number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)	
Number of Days	Technique
<input type="checkbox"/>	A. Range of motion (passive)
<input type="checkbox"/>	B. Range of motion (active)
<input type="checkbox"/>	C. Splint or brace assistance
Number of Days	Training and Skill Practice In:
<input type="checkbox"/>	D. Bed mobility
<input type="checkbox"/>	E. Transfer
<input type="checkbox"/>	F. Walking
<input type="checkbox"/>	G. Dressing and/or grooming
<input type="checkbox"/>	H. Eating and/or swallowing
<input type="checkbox"/>	I. Amputation/prostheses care
<input type="checkbox"/>	J. Communication

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Section O: Restorative Nursing Programs

***Nursing interventions* that promote the resident's ability to adapt and adjust to living as independently and safely as possible.**

- Measureable objectives and interventions
- Periodic evaluation by a licensed nurse
- CNAs must be trained in the techniques
- Does not require a physician's order, but a licensed nurse must supervise the activities

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Section O: **Restorative Nursing Programs**

- Nursing staff are responsible for coordination and supervision
- Does not include groups with more than 4 residents
- Code *number of days* a resident received 15 minutes or more in each category
- Remember that persons with dementia learn skills best through repetition that occurs multiple times per day.

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Section O: **Restorative Nursing Programs**

H0200C Current toileting program

An individualized, resident-centered toileting program may decrease or prevent urinary incontinence, minimizing or avoiding the negative consequences of incontinence.

The look-back period for this item is since the most recent admission/entry or reentry or since urinary incontinence was first noted within the facility.

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Section O: **Restorative Nursing Programs**

H0500 Bowel Training Program

Three requirements:

- Implementation of an individualized, resident-specific bowel toileting program.
- Evidence that the program was communicated to staff and resident through care plans, flow sheets, etc.
- Documentation of the response to the toileting program and periodic evaluation

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O0600: Physician Examination Days Assessment Guidelines

Over the last **14 days**, on how many *days* did the physician examine the resident?

Examinations can occur in the facility or in the physician's office.

Do **not** include:

- Examinations that occurred prior to admission/readmission to the facility
- Examinations that occurred during an ER visit or hospital observation stay

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O0700: Physician Order Change Days Assessment Guidelines

Over the last **14 days**, on how many *days* did the physician change the resident's orders?

Do **not** include the following:

- Admission or re-admission orders
- Renewal of an existing order
- Clarifying orders without changes
- Orders prior to the date of admission or readmission
- Sliding scale dosage schedule
- Activation of a PRN order

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O0600 and O0700 Examination Days and Order Days Guidelines

Maine will continue to require O0600 and O0700 as they may be payment items for clinically complex RUG groups.

If you leave this item blank, that would be an invalid value and CMS would reject the assessment. If enter a dash, as recommended by CMS, it would be a valid value but would count as a zero (0) and would not contribute towards clinically complex RUG scoring. Check your final validation report to confirm it was submitted the way you wanted it to be filled out.

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MDS 3.0 – The Mini-series Documentation Guidelines

MDS 3.0 Documentation Requirements
August 2020

MDS 3.0 Item	Item Description	RUG III Categories Description	Documentation Requirement
B0100	Comatose/ Persistent Vegetative State (CPS)	<i>Clinically Complex Impaired Cognition</i>	Physician documented diagnosis of coma or persistent vegetative state that is applicable during the 7-day look-back period. Does not include residents with advanced stages of progressive neurological disorders. The service plan or care plan must also describe the specific care needs of the resident due to his condition.
B0700	Resident makes self-understood (CPS)	<i>Impaired Cognition</i>	Documentation of resident's degree of impairment, ability to express or communicate requests, needs, opinions, and to conduct social conversation in his or her primary language whether in speech, writing, sign language, or a combination, over all shifts . This may include reduced voice volume, difficulty producing sounds or difficulty finding the right words, making sentences, writing and/or gesturing. Observations and interviews with family and/or speech pathologist that were used to justify the coding on the MDS must be documented in the medical record.
C0200 – C0500	Resident interview for cognition (BIMS)	<i>Impaired Cognition</i>	Validation of completion of items C0200-C0500 at Z0400 on or before the ARD Date. OR Documentation the resident interview of BIMS items was completed preferably the day before or day of the ARD.
C0700	Short term memory (CPS)	<i>Impaired Cognition</i>	Documentation to determine the resident's short-term memory status by requesting that staff from each shift , validate resident's response to an event 5 minutes after it occurred. See RAI Manual, Section C for instructions.
C1000	Cognitive skills for daily decision making	<i>Impaired Cognition</i>	Documentation by direct-care staff across all shifts within the 7-day look-back period demonstrating the degree of compromised decision-making about tasks of everyday living, including choosing clothing, knowing when to go to meals, using environmental cues to organize and plan, seeking

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Questions?

Forum call for Nursing Facilities

1st Thursday of the month in February, May, August and November, 1:00-2:00

Training sessions for Payment Items and Documentation will be scheduled for March, June, September, and December of each year

Call the MDS Help Desk to register!

- (207) 624-4095 or (toll free) 1-844-288-1612, OR
- MDS3.0.dhhs@maine.gov (email)

To download MDS resources from State of Maine website:

<https://www.maine.gov/dhhs/oms/providers/case-mix-private-duty-nursing-and-home-health>

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Reminder!

- This completes *Payment Items and Documentation* of the MDS 3.0 training.
- Ask questions!
- Ask more question!!
- Use your resources (other MDS coordinators, case mix staff, MDS Help Desk, Forum Calls etc.)
- Attend training as often as you need.

Please complete your evaluations to help us to continually improve training to best meet your needs.

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MDS 3.0 – The Mini-series Contact Information:

- **MDS Help Desk:** 624-4095 or toll-free: 1-844-288-1612
MDS3.0.DHHS@maine.gov
- **Lois Bourque, RN:** 592-5909
Lois.Bourque@maine.gov
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- **Sue Pinette, RN, RAC-CT:** 287-3933 or 215-4504 (cell)
Suzanne.Pinette@maine.gov

Training Portal: www.maine.gov/dhhs/dlrs/mds/training/

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Questions?

**Case Mix Team
Sue Pinette RN, RAC-CT
State RAI Coordinator and Case Mix Manager
207-287-3933**



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